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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

LIBERTARIAN PARTY OF MICHIGAN FEDERAL FUND

ADDRESS (number and street) 913 W HOLMES STE 240B

(Check if address is changed)

POB 29065

LANSING MI 48909-7065

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

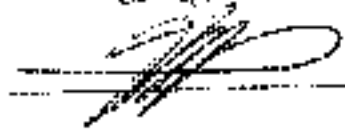
2. DATE 06 25 2004

3. FEC IDENTIFICATION NUMBER

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William F. White

Signature of Treasurer 

Date 06 25 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437b. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office					
Use					
City					

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: _____ House _____ Senate _____ President _____ State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a **STA** (National, State or subordinate) committee of the **LIB** (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE _____

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation with Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (please number - optional) and position of the person in possession of committee books and records.

Full Name WILLIAM T. WHITE

Mailing Address _____

Title or Position TREASURER CITY _____ STATE _____ ZIP CODE _____
Telephone number 517-863-1900

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer WILLIAM TYLER WHITE

Mailing Address POB 29065

LANSING _____ MI 48209-0065

Title or Position TREASURER CITY _____ STATE _____ ZIP CODE _____
Telephone number 517-349-3806

Full Name of Designated Agent MIKE DONAHUE

Mailing Address 15816 GLASTONBURY RD

DETROIT _____ MI 48223

Title or Position CHAIRMAN CITY _____ STATE _____ ZIP CODE _____
Telephone number 248-901-1465

5. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, bank accounts, rents, safety deposit boxes or maintenance funds.

Name of Bank, Depository, etc.

COMERICA BANK

Mailing Address

101 N WASHINGTON

LANSING

MI

48209

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

**Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JA</i> PREPARER (5/2004)	7-23-04 DATE PREPARED